

Some eighteen months ago, my wife, suffering from a bad case of prolapsus—a sore having developed on one of the organs, was advised by Dr. (name of physician) to seek treatment at the County Hospital, as we were no longer able to pay for treatment. After a lengthy interview in which we laid bare our previous lives and present condition, against which I do not complain, my wife was admitted and I returned home.

That same evening I was called to come and take her home. I did so, learning that her blood pressure was too high to permit an operation and that she should be treated at the Clinic until her condition was more favorable to correct the cause of her illness. That sounded reasonable. Visits to the Clinic continued for some time, until the pain caused by the pressure, exerted by the prolapsed organs in the pelvic area, became acute, and I had no alternative but to take her back to the hospital. That was on May 1, 1937.

The following day I was told by the attending physician that my wife was a gynecological case, that the bladder had a tendency to tip, backing the urine to the kidneys. The cause being known, I thankfully expected a cure.

To my surprise, my wife was discharged May 17, with no explanation other than that she should resume Clinic treatment. Notwithstanding her weakened condition, these visits were continued, she at first paying 50 cents a treatment, later raised to one dollar per. Later, my wife was advised she was no longer entitled to treatments at the General Hospital and was given a transfer to White Memorial.

By this time, while the sore appeared to have been successfully treated, nothing had been done to rectify the basic cause. Besides, the poor woman had been in suspense for months in fear of cancer, was worn out and despondent. In fact she no longer was in condition to stand the strain of hours of waiting at a clinic. Of course, one realizes that one must take their turn where so many are seeking relief.

Subsequently I received the attached bill for \$64, and on interviewing Mr. (name) (a most courteous man) I was informed that a social worker had reported I had two single adult sons who each had earned \$70 the month investigated, whereas he had been advised that the combined earnings of the two had been that amount.

My wife has suffered grievously through that error. How much more human it would have been to have given us an opportunity for correction of that mistake, instead of arbitrarily discharging a sick and harassed woman!

From then on, my wife lay on a cot, under a tree, at home, with me as attendant.

She being 69 and I, 68, we applied for the old-age pension last August and, while I am told it is still under investigation, we have been granted temporary assistance, the amount for February being \$12.18 for me, \$12.17 for my wife. After rent and utilities are deducted there is not much left to subsist for a month on, especially where the housewife is sick. However, we were given medical treatment, Doctor (name of physician) attending.

On December 28, Doctor (name) considered it advisable to commit my wife to the General Hospital. Again I was subjected to a long interview, notwithstanding the previous file must have been available. At this interview I was asked how much money I had on my person at present. I had exactly 20 cents. Imagine our surprise when nine days later—January 7—my wife was again discharged. She was asked if she had a home to go to, and on the answer to the question, why? (knowing she was not well) was told, "This is not a free boarding house." There are witnesses to that remark. Remember, a physician, acting for the county, sent her to the hospital. Of course, his authority ceased with that action.

My wife is now lying at home, unable to be on her feet but briefly. Doctor (name) informs me he has reported her condition. Apparently it is being regarded as just another report. . . .

There really seems no way for the aged and poor to get by unsympathetic officialdom without some influence. It is a travesty on that beautifully carved inscription that appears above the portal that it should be so willfully misinterpreted by officials who assume now to rule our destinies.

It would really seem that the object is to shunt out those unable to pay to make room for paying patients. The

reason for this I leave to the conscience of those responsible. This is a long recital, Doctor, and I thank you for the patience that has brought you thus far. I am somewhat in despair myself and can but hope that this will help you in your endeavor to correct the injustices and abuses enacted by those in charge, which seem to be contrary to the ideal that inspired the building of our magnificent hospital.

Yours very respectfully,

(Name)

(Address)

P. S.—I am confiding my name and address to you, Doctor, with the request it not be revealed, unless you deem it necessary, to those in whose power it is to exert reprisals, as, whether you believe it or not, I know that punishment will be meted out by those on whose toes you tread—even to the extent of denying us the present abundant living we are enjoying! My wife and I have been married forty-four years, two sons were in France twenty months helping to win the war to end wars, and I worked over for forty-five years for American corporations—and now this! [Three references were also given.]

FOR THE GOOD OF THE CAUSE—IN RE: LOS ANGELES COUNTY HOSPITAL*

At a recent meeting of the general staff of the Los Angeles County Hospital a question was raised which should receive the further and particular attention of this (Surgical) Section.

When the newly appointed statistician concluded his fantastic dissertation on the novel method of accounting about to be instituted in the auditing department, the chairman of the meeting offered certain pungent comments on regimentation of the profession—to the huge delight of most of those present. It is to this question that I would invite your special attention; rather reluctantly, I confess, because some of the observations which I have long felt should be made and discussed openly may not appeal to the powers that be as "for the good of the cause."

A former superintendent of this hospital once said in my hearing, when he was a little peeved by the chance remark of a staff member: "Any attending man who does not approve of the way things are conducted in this hospital, always has the privilege of resigning. There is an average of more than twenty applications for every possible vacancy." Such a statement from such a source makes me fully aware that I may be about to tread on dangerous ground. I insist, however, that my purpose is not to criticize, but merely to point out certain abuses which could be—and should be—corrected.

I yield to no one in admiration for and loyalty to this great institution. I realize the many difficulties attending its administration, and that red-tape tangles and instances of unintentional injustice are perhaps inevitable. But I share the common opinion that the underlying cause of most of the difficulties and injustices lies in the patent fact that the Hospital is, and always has been, the puppet of politics.

A long list of complaints and abuses might be pointed out, but my purpose here is to discuss only one of the most flagrant which especially concerns the surgical staff. That one is best approached by asking a simple question: Why is the Los Angeles County Hospital?

The law declares that its purpose is to provide medical and surgical care for the *indigent sick* of Los Angeles County. By implication, at least, the purport of the law is that no other class than the indigent sick is to be cared for. Everyone recognizes that, in the nature of things, it is not possible for the Hospital to know the exact economic status of all patients at the time of admittance. But a subsequent check-up is always possible, and is regularly made. When it is found that the Hospital costs can be extracted from a patient, the law permits and the authorities demand that this be done. Do the law and the authorities take a similar view of the value of the medical and surgical services rendered when the patient is found able to pay? *They do not.* On the contrary, even though a wealthy patient is

* Condensation of a paper read before the Surgical Section of the Los Angeles General Hospital staff at the October, 1936, meeting by A. B. Cooke, M. D., a senior attending surgeon of more than twenty years' continuous service.

treated, there is no provision for compensating the doctor. Indeed, the distinct understanding is that no bill for professional services may be rendered, even though the services may have been of a life-saving nature, and notwithstanding that the patient has been found abundantly able to pay, so that no remuneration of any kind may be expected, sought, or accepted if offered. In other words, the medical man is entitled to no consideration: let the Hospital be paid—and to hell with the doctor!

It is a self-evident truth that there would be and could be no such thing as a hospital without the medical profession. Of course, an administration department is necessary; of course, a culinary department is necessary; of course, a nursing department is necessary; and equally, of course, a long and varied list of more humble employees are necessary for the efficient maintenance of miles of expensive corridors and acres of imposing space. And each one of these employees, in every department, expects and receives adequate compensation for his or her services—which is as it should be. It may be mentioned, in passing, that the average number of employees, exclusive of the attending staff, exceeds the average number of patients at all times!

But the medical man, the very heart of the institution, the basic factor which renders its existence possible, not only receives no monetary consideration, but is expected to serve skillfully and faithfully, bearing the major burden of safeguarding human lives, without regard to the justice involved.

We all know that the conditions under which the Hospital operates today are vastly different from those of twenty years ago. Complexities resulting from enormous increase in population and tremendous changes in the hazards of modern life, have brought many new problems to be dealt with. Among these may be cited the great increase in the number of motor vehicles and the resultant multiplied traffic casualties.

As an illustration: a messenger from some outlying apartment house rushes into the corner drug store at midnight in quest of relief for Tom, Dick, or Harry, who is suffering with intense abdominal pain or has been seriously injured in an automobile accident. He is advised to send the patient, not to a hospital, but to the General Hospital. When the patient arrives, it is soon evident that immediate surgery is imperative. There is no time to discuss matters of finance: a life is in danger. The operation is performed, the life saved. Afterward, it is ascertained that the patient is a visitor in the city and that he has unlimited means. Does the surgeon receive compensation for his life-saving work at midnight? *He does not, but the hospital is always paid!*

Or an automobile accident on a county highway results in abdominal trauma, with a ruptured viscus and concealed hemorrhage. The patient is probably unconscious. Immediate surgery is necessary—no time to investigate the matter of ability to pay. Later it comes to light that the patient is a wealthy man or woman, or collects substantial liability insurance. Who gets paid? The Hospital *always*—the surgeon *never!*

Again: scarcely a week passes in which the newspapers fail to record that some patient of a prominent family, or of known prosperous business connections, is confined in the General Hospital or has died there. In all such instances the medical man, as usual, is left with the bag to hold. It can hardly be expected to promote his happiness and peace of mind to observe that the patient is provided with one or more special nurses, for whom the requisite funds apparently can always be found.

Boiled down to a few words the point of the foregoing is this: As a matter of ordinary right thinking, *the surgeon who does the life-saving work is entitled to, and should receive compensation in every case in which the Hospital collects payment.* This should be the law on the subject, and should represent the attitude of the governing authorities. The profession does not seek or desire remuneration for services rendered to the *truly indigent*.

The layman whose attention is directed to the facts above set forth, without exception finds himself unable to credit them. "True," says he, "physicians have long been looked upon as 'easy marks,' but surely they are not such *chumps* as that!"

Between regimentation on the one hand and open exploitation on the other, the practice of medicine bids fair

soon to become the least inviting of all vocations. Will it be forced to abandon its cherished ideals and traditions? Yes, unless, in self-defense, it arouses to oppose abuses wherever and whenever they are encountered.

What is a *charity* hospital?

2007 Wilshire Boulevard.

MALPRACTICE INSURANCE*

To the Board of Directors of the San Francisco County Medical Society:

Your special committee on malpractice insurance submits this its formal report of the extensive investigation it has conducted with respect to the various physicians' defense and indemnity insurance contracts now available to the members of the San Francisco County Medical Society.

Upon undertaking its work, the committee found that the following insurance companies, authorized to transact the business of liability insurance in the State of California, were issuing physicians' defense and indemnity insurance contracts: The Medical Protective Company of Fort Wayne, Indiana; The United States Fidelity and Guaranty Company; and Zurich General Accident and Liability Insurance Company, Ltd.

The committee also found that a number of surplus line brokers were engaged in writing physicians' defense and indemnity insurance contracts on behalf of different groups of underwriters at Lloyd's in London, England. The committee has been informed by the Society's attorney that surplus line brokers are authorized by the California Insurance Code to issue contracts of insurance in any particular field after it has been determined by the Insurance Commissioner that less than 50 per cent of the authorized and admitted insurers doing the particular class of insurance business involved (in this case liability insurance) are refusing to issue insurance contracts of the type sought to be issued by the surplus line brokers.

With respect to those insurance companies authorized to transact a liability insurance business in the State of California, the committee found the following: The Medical Protective Company of Fort Wayne, Indiana, issues physicians' defense and indemnity policies to members of the California Medical Association only, at the rate of \$32 per annum and with a coverage of \$5,000 to \$15,000, but excludes the following: (a) most surgery unless done in an emergency; (b) any liability growing out of the ownership, operation, and supervision of any x-ray equipment for therapeutic work; or (c) any liability arising out of the ownership, operation, and supervision of any hospital, sanitarium, or clinic, or any business enterprise. Upon payment of a premium of \$48 per annum the company will remove the surgery restriction. In other words, a surgeon must pay \$48 per year for coverage of \$5,000 to \$15,000. It appears that the Medical Protective Company will insure against liability arising from the use of x-ray equipment for therapeutic work at a premium of not less than \$150 for the minimum coverage.

The United States Fidelity and Guaranty Company issues a physicians' defense and indemnity insurance contract to members of the California Medical Association only with a rider which excepts x-ray treatment and hospital ownership or employment, but does not restrict coverage as to surgery. The committee has been informed from time to time by individuals, physicians, and others, that the rates of the United States Fidelity and Guaranty Company have increased considerably in the past year. The committee understands that the present rates vary from a minimum of \$40 per year for \$5,000 to \$15,000 coverage for general practitioners to a maximum of \$92 per year for \$50,000 to \$150,000 for surgeons and \$147.20 per year for a like coverage for x-ray specialists.

The Zurich General Accident and Liability Insurance Company, Ltd., according to the committee's information, will issue physicians' indemnity policies in certain instances, but the committee is also informed that the Zurich will not issue a policy to a physician who is not a member of his county society and the state association, and even

* This is a copy of the report submitted to the San Francisco County Medical Society by its Special Committee on Malpractice. See also February issue, on page 148, for report of the Los Angeles County Medical Association Committee.